

WRITE MAINLY WITH NEADING PEN—THIS IS A PENCIL. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
County Registrar No. 870
Local Registrar No. _____

No. 3007 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alicia Corral

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Sept. 27, 1926
Month Day Year

8. FATHER
Full name Ramon Corral
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Sonora
(State or country) Mex.

13. Occupation J. S. Chute man
Nature of industry Mining

14. MOTHER
Full maiden name Pueblita Lozana
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Neuva Leon
(State or country) Mex.

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) { (a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4 P. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Month, day, year _____ Filed Nov 4, 1926 Co. E. Dring Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

133-927-231